

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

POSTMARK LEGIBLE 6

LEGISLATIVE RESOURCE CENTER

18 FEB 14 PM 1:19

Name: DAVID S. WILLIAMS**Daytime Telephone:** _____U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK
LEGISLATIVE RESOURCE CENTER

(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives <input type="checkbox"/> Candidates – Date of Election: _____	State: <u>TK</u> District: <u>05</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, 2017 to <u>DEC 31, 2017</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

[Signature]

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- | | | |
|--|------------------------------|---|
| A. Did you, your spouse, or your dependent child: | | |
| a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> <input type="checkbox"/> No |
| b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | <input type="checkbox"/> | |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> <input type="checkbox"/> No |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> <input type="checkbox"/> No |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> <input type="checkbox"/> No |

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes **No**

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **DANIEL WILLIAMS**

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BLOCK A		BLOCK B		BLOCK C		BLOCK D									
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income									
Identity (a) each asset held for investment or production of income, and with a fair market value exceeding \$1,000 at the end of the reporting period, specify the method used, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).															
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.															
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.															
For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and city and state.															
Excludes: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-held fund that is an Exempted Investment Fund, please check the “EIF” box.															
If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC); or jointly held with anyone (JT), in the optional column on the far left.															
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.															
SP,	DC,	EIF	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
Examples: Simon & Schuster ABC Hedge Fund															
USAA - ROTH IRA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
SP USAA - BOTH IRA		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
HOL K		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
USAA - ANNUITY		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: DAVID WILLIAMS

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
SP. DC.	ASSET NAME	EF		
	TRS PENSION	X	None	
	VALIC 403B	X	\$1-\$1,000	
	FOLIO ROTH	X	\$1,001-\$15,000	
	SP FIDELITY 401A	X	\$15,001-\$50,000	
	SP JOHN HANCOCK 401K	X	\$50,001-\$100,000	
	UNIVERSITY OF TEXAS	X	\$100,001-\$250,000	
	SP PRECISION SPINE	X	\$250,001-\$500,000	
	CHASE - CASH	X	\$500,001-\$1,000,000	
	SP CAPITAL ONE - CASH	X	\$1,000,001-\$5,000,000	
	AUTO		Over \$5,000,000	
	SP AUTO		Spouse/DC Asset over \$1,000,000*	
			NONE	
			DIVIDENDS	
			RENT	
			INTEREST	
			CAPITAL GAINS	
			EXCEPTED/BLIND TRUST	
			TAX-DEFERRED	
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
			None	I
			\$1-\$200	II
			\$201-\$1,000	III
			\$1,001-\$2,500	IV
			\$2,501-\$5,000	V
			\$5,001-\$15,000	VI
			\$15,001-\$50,000	VII
			\$50,001-\$100,000	VIII
			\$100,001-\$1,000,000	IX
			\$1,000,001-\$5,000,000	X
			Over \$5,000,000	XI
			Spouse/DC Income over \$1,000,000*	XII
			None	I
			\$1-\$200	II
			\$201-\$1,000	III
			\$1,001-\$2,500	IV
			\$2,501-\$5,000	V
			\$5,001-\$15,000	VI
			\$15,001-\$50,000	VII
			\$50,001-\$100,000	VIII
			\$100,001-\$1,000,000	IX
			\$1,000,001-\$5,000,000	X
			Over \$5,000,000	XI
			Spouse/DC Income over \$1,000,000*	XII

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Examples:

**State of Maryland
Civil War Roundtable (Oct. 2)**

SCHEDULE C – EARNED INCOME

Name: DAVID WILLIAMS

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
	ABC Trade Association, Baltimore, MD (July 15)	\$0	\$500
	State of Maryland	\$20,000	\$76,000
	Civil War Roundtable (Oct. 2)	\$0	\$1,000
	Ontario County Board of Education	N/A	N/A
UNIVERSITY OF TEXAS HEALTH NORTHEAST	SALARY	11,100	106,272
PRECISION SPINE	SPOUSE SALARY	4,060	53,100

SCHEDULE D – LIABILITIES

Name: DAVIO WILLIAMS

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members.** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
			A	B	C	D	E	F	G	H	I
First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000								
			\$15,001-\$50,000								
			\$50,001-\$100,000								
			X	\$100,001-\$250,000							
				\$250,001-\$500,000							
				\$500,001-\$1,000,000							
				\$1,000,001-\$5,000,000							
				\$5,000,001-\$25,000,000							
				\$25,000,001-\$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

SCHEDULE F – AGREEMENTS

Name: DAVID WILLIAMS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Use additional sheets if more space is required.